DOCUMENT RESUME

ED 138 852 CG 011 315

AUTHOR McManus, Marianne
TITLE Audio-Taped Desensitization for the Modification of Speech and Communication Anxiety.
PUB DATE [73]
NOTE 9p.; Paper presented at the Annual Conference of the American Psychological Association (84th, Washington, D.C. September 3-7, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Anxiety; *Behavior Change; College Students; *Counseling Programs; *Desensitization; *Program Effectiveness; Psychological Patterns; Research Projects; *Speech Improvement; Therapy

ABSTRACT

The fear of speaking before a group affects a high percentage of American adults. The effectiveness of an audiotape desensitization program was compared to conventional therapist-led group desensitization and no treatment for the modification of speech and communication anxiety behaviors. All desensitization treated subjects demonstrated significant anxiety level changes. Non-treated subjects did not. Subjects in the audiotape condition did not score in a significantly different manner from therapist-led group subjects. The results of the study indicate than an audiotape, low-therapist-contact desensitization program can be as effective as the customary therapist-directed desensitization programs. It also demonstrated the feasibility and acceptance of such a program by counseling clinic clients. (Author)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

A.P.A. talk

FD138852

Audio-Taped Desensitization for the Modification of Speech and Communication Anxiety

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Marianne McManus, Ph.D.[+]

Iowa State University

The fear of speaking before a group affects a high percentage of American adults. A survey of fears conducted by R. H. Bruskin and associates in 1973[1] (and published by the Speech Communication Association) indicated that 40% of the more than 2,500 adults surveyed feared speaking before a group. It affected a higher percentage of adults than any other fear reported. Public speaking anxiety among college students has been discussed in the psychology and speech journals for over three decades. These studies classify anywhere from 10% to 40% of college students as highly anxious about communicating orally.

Successful group and individual therapy programs for the systematic desensitization of speech anxiety had been reported at Michigan State University, Illinois State University, and the University of Oklahoma (McCroskey,[2] 1972; Davis & Gross,[3] 1970). The effectiveness of Desensitization Therapy has been well established (Welpe,[4] 1973). It was apparent that a tremendous number of therapists would be required if Systematic Desensitization were to be offered to all speech anxious students at a university. Or, even to those enrolled in a Fundamentals of Speech Class that required public speaking. Desensitization sessions customarily number about seven. Usually Desensitization groups are made up of 5-10 students. The cost of staffing such a therapy program is frequently seen as prohibitive. A few studies have reported on the use of

CG 011315

[+]Clinical Psychologist and Associate Professor of Psychology, Iowa State University.

automated desensitization treatment (Wigler & Wolpe,[3] 1967; Donner & Guerney,[6] 1969). But, these studies required the availability of complex, specially designed machinery. Furthermore, none of the studies focused on the modification of speech anxiety.

The present study was undertaken to demonstrate that an audiotape desensitization treatment procedure using standard cassette recorders in a university clinic, with the student guiding his/her self through the program, is an effective means of treating speech anxiety. A further purpose of this study was to determine the importance of the physical presence or absence of a therapist in speech anxiety desensitization sessions.

Method

On the first day of class, the McCroskey Personal Report of Communication Anxiety was administered to students in the Fundamentals of Speech course as a pretest. This standard measure used in speech anxiety research requires about fifteen minutes of class time. Students who scored 70 or above were designated as high anxious and were invited, by letter, to an orientation session about a special speech anxiety therapy program.

Participants. The treatment subjects were 24 students who elected desensitization therapy following the orientation session explaining the program. The control subjects were 32 students who did not elect the program and who received no treatment. The treatment and control groups were similar in pretest scores on the PRCA. Twelve treatment subjects were assigned to an automated treatment condition, and twelve subjects were assigned to the therapist-directed group condition on the basis of the student's time availability and the times that group sessions were held. First all treatment subjects participated in an introductory session in which the theory, method, and

rationale of systematic desensitization were reviewed, relaxation exercises were practiced, and brief visualization training was conducted. Then subjects attended either automated (i.e., individual, self-directed, audiotaped) or group (i.e., therapist-directed) desensitization sessions.

Group desensitization sessions were held twice weekly at a set time in a group room at the University Counseling Clinic. Audiotape sessions were available twice weekly at the student's choice of times. The tapes and cassette player were located in an unoccupied office that was only used by desensitization clients. Students signed a room reserve list but did not need to check in with the secretary.

The total treatment time for the therapist-led desensitization and self-directed audiotaped desensitization sessions was the same (Table 1). In a customary therapist-led desensitization session, 10-15 minutes of a 55-minute session is spent discussing questions or success and/or difficulties with the method. To balance this opportunity, two voluntary group discussion sessions were available for students in the audiotape condition. In Table 1, group sessions are designated G, audiotape sessions by A. The time for the standardized operations of desensitization were also the same for both groups. Both treatment conditions used the same 12-item group hierarchy after Paul,[7] 1966. Two hierarchy items per session were desensitized. The twelve-item hierarchy was covered in six sessions. The predetermined relaxation (Jacobsen,[8] 1938) and scene visualization sequence and time presentation rate is found in Table 2.

All students in the Fundamentals of Speech course were administered the McCroskey Personal Report of Communication Apprehension on the last day of class. During the program, the students' original scores on the PRCA Test were not known to the Speech class professors, nor were the names of the students participating in the program known to the Speech professors.

Results

An analysis of covariance of the PRCA post-program scores regressed on pre-program scores revealed that the groups differed significantly ($F = 5.77$, $p < .01$). The control group demonstrated a very slight nonsignificant positive change. The self-directed audiotape desensitization subjects and the therapist-directed subjects demonstrated a significant improvement in anxiety level. An analysis of variance of post-test scores indicated that both treatment groups also scored significantly better (i.e., they had lower scores) on the PRCA than the control group ($F = 8.9$, $p < .01$). It was an interesting and meaningful finding that mean scores for subjects in the automated condition were <u>not</u> significantly different from scores of subjects in the therapist-directed group. This suggests that the procedures are equally effective. Students in the audiotape condition reported preferring that condition because of the lack of any pressure to intereact with others during the desensitization therapy. After the program, they reported as much behavior change and comfort in social communications situations and during speaches as the therapist-directed group subjects. No sex differences in score patterns were noted.

Conclusions

The results of the study indicate that an audio-tape low-therapist contact desensitization program is effective in modifying self-report of speech anxiety during speaking situations. It also demonstrated the ease with which such a program could be instituted and carried out. The study also suggests that automated desensitization can be as effective as a customary therapist-directed program. The techniques used also demonstrated the acceptance by students of such a program at a University Counseling Clinic. The program has continued and grows in the numbers it serves each year.

Students now may be eligible for the program without being currently enrolled in a Speech Class. Research is continuing into aspects of speech performance as indicated by grades in Speech Class and whether the behavior is differentially modified whether one participates in a group or in an automated audiotaped treatment program.

References

1. Bruskin, R. H., Fears. Spectra (New York: Speech Communication Association, # 4, 1973).

2. McCroskey, James C., Implementation of a Large Scale Program of Systematic Desensitization for Communication Apprehension. The Speech Teacher, 21: 255-264, 1972.

3. Davis, Ralph C., & Gross, Blaine, Implementing a Systematic Desensitization Laboratory. ERIC Report #050085, December 1970.

4. Wolpe, J., The Practice of Behavior Therapy, New York: Pergamon Press, Inc., 1973.

5. Migler, B., & Wolpe, J., Automated Self-Desensitization: A Case Report. Behavior Research and Therapy, 5: 133-135, 1967.

6. Donner, Lawrence, & Guerney, B., Automated Group Desensitization For Test Anxiety. Behavior Research and Therapy, 7: 1-13, 1969.

7. Paul, Gordon L., Insight Vs. Desensitization in Psychotherapy: An Experiment in Anxiety Reduction. (Stanford: Stanford University Press, 1966).

8. Jacobsen, E., Progressive Relaxation. (Chicago: University of Chicago Press, 1938).

Table 1

Treatment Time for Students in the

Desensitization Treatment and Control Conditions

Pretest	Condition	<----------330 min.---------->								Post-t
10-15 minutes	Automated N=12	60 minute Introduction	40 min A	40 min A	40 min A	45 min G	40 min A	40 min A	40 min A	45 min G	10-minu
10-15 minutes	Therapist N=12	60 minute Introduction	55 min G	55 min G	55 min G	55 min G	55 min G	55 min G			10-minu
10-15 minutes	C Control N=32	Not Attending	No Treatment								10-minu

Table 2

Time Allocations For Procedures in Each Desensitization Session

Jacobsen[7] Relaxation Exercises		20 minutes
Hierarchy Stem #1		10 minutes
Visualization 1	-- 140 sec.	
Silent Relaxation	-- 60 sec.	
Visualization 2	-- 140 sec.	
Silent Relaxation	-- 60 sec.	
Visualization 3	-- 140 sec.	
Silent Relaxation	-- 60 sec.	
Hierarchy Stem #2		10 minutes
Visualization 1	-- 140 sec.	
Silent Relaxation	-- 60 sec.	
Visualization 2	-- 140 sec.	
Silent Relaxation	-- 60 sec.	
Visualization 3	-- 140 sec.	
Silent Relaxation	-- 60 sec.	
	TOTAL	40 minutes